

Red Eye Relay Registration Form and Merchandise

NAME		CAPTAIN'S NAME			
STREET		TEAM NAME			
CITY/STATE/ZIP		RACE CATGORY			
PHONE		Open Men	Open Women	Open Mixed	Open Corporate
EMAIL		Ultra Men	Ultra Women	Ultra Women	Ultra Corporate
GENDER	Male Female	Master Men	Master Women	Master Mixed	Ultra Master
TEAM START TIME		High School Boys	High School Girls	High School Mixed	Superhuman

ITEM		PRICE	QTY	SUB TOTAL
Registration	Early (before March 1)	\$25		
	Regular	\$30		
	Late (After June 1)	\$40		
	Last Minute (Between July 1 and July 15)	\$50		
T-Shirt	Youth Large	\$9		
	Small	\$9		
	Medium	\$9		
	Large	\$9		
	X-Large	\$9		
Merchandise	Finisher Medal	\$5		
	Red Eye "Marathon" Socks	\$9		
	Pepper Spray	\$5		
	Blinking Safety Light	\$5		
	Window Marking Paint	\$3		
	Reflective Tape Strip	\$1		
	RAFFLE TICKET	3 for \$5		

Waiver
 I know that running a road race, regardless of the distance is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete this race, and I further agree that race officials may authorize necessary emergency treatment for me. I understand and acknowledge that the race course will be open to general traffic and I accept all risks associated with participating under these conditions. I hereby agree, for myself and my heirs, assigns, personal representatives, executors and administrators, to waive, release, and forever discharge Red Eye Relay and Juxta Company LLC and its respective directors, officers and employees, volunteers, any and all sponsors, suppliers, and any other personnel in any way assisting or connected with this event, any rights, claims or demands therefore which I may have or which I may hereafter accrue to me arising out of injury to my person or my property incurred in connection with participation in the Red Eye Relay, July 19th and 20th, 2008, whether such damages are caused by the negligence or carelessness of the part of the persons or parties named in this waiver.

Signature _____ Parent Signature (if under 18) _____ Date _____

**Please return completed forms with checks made out to:
 JUXTA COMPANY—3044 Mattatha Dr.— Bloomington, IN 47401**